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Bib Data Sheet

CONFIRMATION NO. 3230

<b>SERIAL NUMBER</b> 09/911,047	<b>FILING OR 371(c) DATE</b> 07/23/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> E1047/20060
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 ✓ This application is a CIP of 09/490,273 01/24/2000 PAT 6,265,170

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 ✓

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/23/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> TURKS AND CAICOS ISLANDS	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
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**TITLE**  
Homogeneous assay of biopolymer binding by means of multiple measurements under varied conditions

<b>FILING FEE RECEIVED</b> 651	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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